

CASE MANAGEMENT- TRANSFER/CASE MANAGER DISCHARGE CHECKLIST

WHEN: On discharge from Case Management Services or when client is transferred to another case management program or service.

ON WHOM: Clients receiving case management services from County or Contracted Case Management Programs

COMPLETED BY: Case Management staff at County and Contracted Case Management Programs

MODE OF COMPLETION: Legibly handwritten, typed or word-processed on form HHSA:MHS-863

REQUIRED ELEMENTS: All elements should be completed.

NOTE: This form accompanies the CASE MANAGEMENT- DISCHARGE SUMMARY form (HHSA-MHS-860)